

Health Insurance Coverage for AmeriCorps Members

Requirement

You must provide full-time members with health insurance at the time of acceptance into your program if the member is not otherwise covered by a health insurance policy that provides the minimum benefits described below. If a member who previously had coverage loses it through no deliberate act of his or her own, such as parental or spousal job loss, you must provide the member with basic health insurance that meets the requirements.

You may obtain health insurance for your members through any provider you choose, as long as the policy provides the minimum benefits and is not excessive in cost. The Corporation pays 85% of the cost of a policy that meets the above requirements as long as the cost is not considered to be excessive. **The Corporation does not pay any share of the cost of the policy that does not include the minimum benefits.** Nor do they cover any person other than members. **In general, the Corporation does not pay the costs of health benefits for half-time members unless they serve full-time for a sustained period of time.** For example, members may receive benefits when they serve in a summer program for thirty-five hours per week with other members who receive health benefits. *The ICCSV and Corporation must either approve this in the grant agreement or by prior written approval.*

In your budget narrative, indicate the number of members who will receive the project's existing Health Care benefits. If you have an existing health benefit policy for your full-time members that meets minimum requirements, you may request 85% of those as federal funds. ***You must match the remainder in cash.*** The federal share will not pay for dependent coverage.

Minimum Benefits Coverage

If your program has health insurance coverage, the coverage must provide or exceed these minimum benefits.

Covered Services: Physician services for illness or injury, hospital room and board, emergency room, x-ray and laboratory, prescription drugs.

Limited Coverage: Mental/nervous disorders, substance abuse.

Annual limits

Deductible: Not more than \$250 per individual.

Coinsurance: Member pays no more than 20% or alternatively, comparable fixed fee.

Exception: mental and substance abuse may require a 50% co-payment.

Out-of-pocket: Not more than \$1,000 per individual.

Maximum Benefit: At least \$50,000.

If you elect to use a current health insurance policy that meets the above minimum benefit requirements, upon selection you may be required to provide specific information on the benefits and policy.

Option for Health Care Coverage through ICCSV

The ICCSV in partnership with the Indiana AmeriCorps Directors Association (IADA) is working to provide coverage through the National Association of Service and Conservation Corps (NASCC). This coverage provides the minimum benefits required for AmeriCorps. *The ICCSV or IADA must be an affiliate member to provide this option for health care coverage.*

The **current** monthly premium per person is \$95.86 – the Corporation will cover up to 85% of this total. ***This amount is effective through June 2003 – it is recommended that you budget for more than \$95.86 per member if you choose this option as increases are expected but not known at this time.***

The affiliate membership due is \$500 and is required for this health care option and is paid on behalf of all AmeriCorps programs by either ICCSV or IADA. ***If you choose this health care option, it is required that you budget \$75 to cover your program’s portion of the membership due*** – it is possible that the actual amount will be less based on the number of programs that choose to use the NASCC health care coverage. You should budget for this portion in the grantee share in Section II or Section I – you must include it in the budget narrative and ***it must be a non-federal cash match.***

The summary of benefits are available by visiting the NASCC website at www.nascc.org – click on “here” under *Need Health Insurance for Corpsmembers*.